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Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K60186** **(9)**

1. Corporation Name
MERCHANTS CROSSING OF ENGLEWOOD, INC.

Principal Place of Business	Mailing Address
5775-A GLENRIDGE DRIVE ATLANTA GA 30328 US	P.O. BOX 720238 ATLANTA GA 30358 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/23/1989

4. FEI Number: 58-1849196 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1945 THE EXCHANGE	26
Suite, Apt. #, etc 22 SUITE 400	Suite, Apt. #, etc. 27
City & State 23 ATLANTA, GA	City & State 28
Zip 24 30339	Zip 29
Country 25 USA	Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ABRAMS ALAN, R 5575 A GLENRIDGE DR ATLANTA GA	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☑ Change ☐ Addition 1945 THE EXCHANGE, SUITE 400 ATLANTA, GA 30339	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS COTHRAN, JACK T. 5575 A GLENRIDGE DRIVE ATLANTA GA	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☑ Change ☐ Addition 1945 THE EXCHANGE, SUITE 400 ATLANTA, GA 30339	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUBIN, JOSEPH H. 5575 A GLENRIDGE DRIVE ATLANTA GA	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☑ Change ☐ Addition 1945 THE EXCHANGE, SUITE 400 ATLANTA, GA 30339	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABRAMS, B.W. 5775 A GLENDRIDGE DRIVE ATLANTA GA	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☑ Change ☐ Addition 1945 THE EXCHANGE, SUITE 400 ATLANTA, GA 30339	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT GARRETT, MELINDA, S 5775 A GLENRIDGE DR ATLANTA GA	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☑ Change ☐ Addition 1945 THE EXCHANGE, SUITE 400 ATLANTA, GA 30339	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition	

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: [signature] MELINDA S GARRETT 4-24-98 770-953-4777